

Commonwealth of Virginia



Application for a Department of Health Food Establishment Permit

Application for a: ☐ Restaurant ☐ Mobile ☐ Temporary ☐ Other: _____

Is it a: ☐ New establishment ☐ Renewal ☐ Remodel ☐ Change of owner/name

Establishment Name: _____

Establishment Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Establishment Telephone : (____) ____-____ **Fax :** (____) ____-____

For Mobiles Only: Tag #: _____ **VIN #** _____

Mailing Address if Different from Establishment Address

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Legal Ownership

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary)

Owner Name: _____ **Title:** _____

Owner Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Owner Telephone : (____) ____-____ **Fax :** (____) ____-____ **E-Mail:** _____

Establishment Owner Is A/An: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

Operator

The Person Directly Responsible For the Food Establishment

Operator Name: _____ **Title:** _____

Operator Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Operator Telephone : (____) ____-____ **Fax :** (____) ____-____ **E-Mail:** _____

Is the food establishment: (check appropriate box) ☐ stationary or ☐ mobile

Is the food establishment: (check appropriate box) ☐ temporary or ☐ permanent

Number of seats: _____ Hours of Operation: _____

Water Supply: (check appropriate box) ☐ Public - Name _____ or ☐ Private - Type _____

Sewage: (check appropriate box) ☐ Public - Name _____ or ☐ Private - Type _____

Does the establishment: (check Yes or No)

- (1) Prepare, offer for sale, or serve potentially hazardous food: ☐ Yes or ☐ No
- (a) Only to order upon a consumer's request ☐ Yes or ☐ No
- (b) In advance quantities ☐ Yes or ☐ No
- (c) Using time as the public health control ☐ Yes or ☐ No
- (2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing ☐ Yes or ☐ No
- (3) Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared ☐ Yes or ☐ No
- (4) Prepare food as specified under (2) of this section for service to a highly susceptible population (i.e., the elderly, children, or those with weakened immune systems) ☐ Yes or ☐ No
- (5) Does not prepare but offers for sale only prepackaged food that is not potentially Hazardous ☐ Yes or ☐ No
- (6) Prepares only food that is not potentially hazardous ☐ Yes or ☐ No.

I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____

Title: _____

Print Name: _____

Date: _____

| <u>For Official Use Only</u> | Date | | Date | | EHS |
|-------------------------------------|------|------------------------------------|------|--|-----|
| Date Plan Review Paid | | Date Released For Building Permit | | | |
| | | Date Released For Occupancy Permit | | | |
| Date HD Permit Fee Paid | | Date Approved For HD Permit | | | |
| | | Date Issued HD Permit | | | |

Loudoun County Health Department
1 Harrison Street, S.E.
Leesburg, VA 20177
(703) 777-0234

Foodservice Plan Review Fee \$40
Foodservice Permit Fee \$40
Make Checks Payable to VDH